

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5	1					
6		1				
7		(1)				
8		1				
9	1					
10	1					
11		1				
12		2				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		1				
18	1					
19		(1)				
20		1				
21		1				
22		1				
23		(1)				
24		(1)				
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49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						